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							i				
	in this information to ident otor 1 Ced	ify your ca ric Dway									
	otor 2										
'	use, if filing)			OT OF OUR							
Uni	ted States Bankruptcy Co	urt for the:	SOUTHERN DISTRIC	TOF OHIO							
-	se number 2:16-bk-	52695						k if this is:			
	,								3		tion chapter ate:
0	fficial Form 106	<u> </u>					Ī	// / DD/ Y	YYY		
S	chedule I: You	ır Inco	ome								12/1
spo atta	plying correct information use. If you are separated the aseparate sheet to the describe Emp	l and you nis form. (	r spouse is not filing wi	th you, do not include	e infor	matio	on abou	t your spo	ouse. If mo	re space	is needed,
1.	Fill in your employmen information.	nt		Debtor 1				Debtor 2	2 or non-fili	ing spou	se
	If you have more than or attach a separate page		Employment status	■ Employed				☐ Emple	•		
	information about additionable employers.		p.c.jc	☐ Not employed				☐ Not e	mployed		
			Occupation	Electrician							
	Include part-time, seaso self-employed work.	nal, or	Employer's name	Penn Electric Co	mpany	y					
	Occupation may include or homemaker, if it appli		Employer's address	2888 Johnstown Columbus, OH 43		772					
			How long employed the	nere?				_			
Par	t 2: Give Details A	bout Mon	thly Income								
	mate monthly income as use unless you are separa		te you file this form. If y	you have nothing to rep	ort for	any l	line, write	e \$0 in the	space. Incl	ude your	non-filing
	u or your non-filing spouse e space, attach a separate			embine the information	for all e	emplo	oyers for	that perso	on on the lin	es below	. If you need
							For De	btor 1	For Deb	tor 2 or ng spous	e
2.	List monthly gross was deductions). If not paid				2.	\$	3	3,332.29	\$	N.	/A
3.	Estimate and list mont	hly overti	me pay.		3.	+\$		0.00	+\$	N	<u>/A</u>

3,332.29

N/A

4. Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Cedric Dwayne Reed	_	C	Case number (if kno	wn)	2:16-	bk-526	95	
			_							
									_	
					For Debtor 1			Debtor		
	<b>^</b>	willing 4 hours	4		ф <u>0.000</u>			filing s	-	
	Сор	y line 4 here	4.		\$ 3,332.2	29	\$		N/A	<u>-</u>
5.	l iet	all payroll deductions:								
0.		· ·			Φ = 5.4		Φ.			
	5а.	Tax, Medicare, and Social Security deductions	5a.		\$ 561.0		\$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		. —	00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		. —	00	\$		N/A	_
	5e.	Insurance	5e.		. — — — — — — — — — — — — — — — — — — —	00	\$		N/A	_
	5f.	Domestic support obligations	5f.			00	\$		N/A	_
	5g.	Union dues	5g.			00	\$		N/A	_
	5h.	Other deductions. Specify:	5h.	.+	\$0.0	00	+ \$		N/A	<u> </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	:	\$ 561.0	60	\$		N/A	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,770.	69	\$		N/A	_
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$ 1,075.0	00	\$		N/A	
	8b.	Interest and dividends	8b.			00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent								_
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce			•					
		settlement, and property settlement.	8c.		\$ 0.0		\$		N/A	_
	8d.	Unemployment compensation	8d.		. —	00	\$		N/A	_
	8e.	Social Security	8e.	•	\$ 0.0	00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0.0	00	\$		N/A	
	8g.	Pension or retirement income	 8g.		\$ 0.0	00	\$		N/A	<del>-</del>
	8h.	Other monthly income. Specify:	8h.	.+	\$ 0.0	00	+ \$		N/A	
										_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,075.	00	\$		N/	A
			_	_		_				
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,845.69	- \$		N/A	= \$	3,845.69
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		ide contributions from an unmarried partner, members of your household, your		ende	ents, your roomm	ates	, and			
		r friends or relatives.								
	_	not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expense:	s list	ed in So			
	Spe	CIIY.						11.	+5	0.00
12	Δdd	the amount in the last column of line 10 to the amount in line 11. The res	ult ie	the	combined month	nlv ir	ncome			
12.		e that amount on the Summary of Schedules and Statistical Summary of Certain								
	appl	· · · · · · · · · · · · · · · · · · ·					,	12.	\$	3,845.69
								l	Combi	nad
										nea ly income
13.	Do۱	ou expect an increase or decrease within the year after you file this form	?							,
		No.								
	$\overline{}$	Yes Explain:								

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Fill	in this info	rmation to identify yo	ur case:						
(Spo	tor 2 ouse, if filinç	,		IERN DISTRICT OF OHIO		Che ■ □		showing postpetition chapter s of the following date:	r
Cas	e number nown)	2:16-bk-52695					WIVI, BB, TT		
		Form 106J Ile J: Your I	Exper	ıses				12	/1:
Be info	as compl ormation.	ete and accurate as	possible. eded, atta	If two married people ar ch another sheet to this					
1.	■ No. G □ Yes.			ate household? al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.		
2.	Do not li Debtor 2 Do not s		■ No □ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent'	Iive with you?  No Yes No Yes No Yes No No No	
3.	expense yourself	expenses include es of people other the f and your depende stimate Your Ongoi	nan nts?	No Yes					
Est exp	imate yοι	of a date after the b	our bankrı	uptcy filing date unless y				Chapter 13 case to report op of the form and fill in the	
the		such assistance and		government assistance i luded it on <i>Schedule I:</i> \			Your	expenses	
4.		tal or home owners ts and any rent for the		ses for your residence. I r lot.	nclude first mortgage	e 4.	\$	0.00	
	If not in	cluded in line 4:							
	4b. Pr 4c. Ho 4d. Ho	eal estate taxes roperty, homeowner's ome maintenance, re omeowner's associat	pair, and ι ion or con	ipkeep expenses dominium dues		4a. 4b. 4c. 4d.	\$ \$ \$	71.42 41.00 0.00 0.00	
5.	Addition	nal mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00	

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ebtor 1 <u>C</u>	Sedric Dwayne Reed	Case number (if kn	own) <u>2:16-bk-52695</u>
. Utilities			
	ilectricity, heat, natural gas	6a. \$	100.00
	Vater, sewer, garbage collection	6b. \$	45.00
	elephone, cell phone, Internet, satellite, and cable services	6c. \$	150.00
	Other. Specify:	6d. \$	0.00
	nd housekeeping supplies	7. \$	300.00
		8. \$	
	are and children's education costs	9. \$	0.00
7	g, laundry, and dry cleaning		45.00
	al care products and services	10. \$	50.00
	I and dental expenses	11. \$	60.00
	ortation. Include gas, maintenance, bus or train fare.	12. \$	257.00
	nclude car payments.	13. \$	
	inment, clubs, recreation, newspapers, magazines, and books	· ·	0.00
	ble contributions and religious donations	14. \$	0.00
5. Insuran			
	nclude insurance deducted from your pay or included in lines 4 or 20.	15a A	2.22
	ife insurance	15a. \$	0.00
	lealth insurance	15b. \$	0.00
	ehicle insurance	15c. \$	126.00
	Other insurance. Specify:	15d. \$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20		
Specify:		16. \$	0.00
	nent or lease payments:		
	ar payments for Vehicle 1	17a. \$	0.00
17b. C	ar payments for Vehicle 2	17b. \$	0.00
17c. O	Other. Specify:	17c. \$	0.00
17d. O	Other. Specify:	17d. \$	0.00
	ayments of alimony, maintenance, and support that you did not rep	ort as	
	ed from your pay on line 5, Schedule I, Your Income (Official Form		0.00
9. Other p	ayments you make to support others who do not live with you.	, \$	0.00
Specify:		19.	
). Other re	eal property expenses not included in lines 4 or 5 of this form or or	Schedule I: Your Inco	me.
	lortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	roperty, homeowner's, or renter's insurance	20c. \$	0.00
	faintenance, repair, and upkeep expenses	20d. \$	0.00
	lomeowner's association or condominium dues	20e. \$	
		20e. \$ 21. +\$	0.00
Other: S	Specily:	21. +\$	0.00
2. Calcula	ite your monthly expenses		
	d lines 4 through 21.	\$	1,245.42
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 10		1,270.72
		·	
22c. Add	d line 22a and 22b. The result is your monthly expenses.	\$	1,245.42
3. Calcula	ite your monthly net income.		
	copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,845.69
	Copy your monthly expenses from line 22c above.	23b\$	1,245.42
200. 0	opy your monuny expenses nom line 220 above.	Δυψ	1,245.42
230 6	subtract your monthly expenses from your monthly income.		
	he result is your <i>monthly net income</i> .	23c. \$	2,600.27
11	no rosuk is your monthly not income.	<u> </u>	_,
4. <b>Do vo</b> u	expect an increase or decrease in your expenses within the year a	fter you file this form?	
	nple, do you expect to finish paying for your car loan within the year or do you expe		to increase or decrease because o
	tion to the terms of your mortgage?	, 5-g- F-,e.ii	
■ No.			